

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064969

FILED
Mar 19, 2004
Secretary of State

Entity Name: NEUROLOGY CARE CENTER, P.A.

Current Principal Place of Business:

255 NORTH LAKEMONT AVENUE
SUITE 212
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

255 NORTH LAKEMONT AVENUE
SUITE 212
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 54-2114133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMBRIDGE, ROBERT A M.D.
2525 MAITLAND CROSSING WAY
#13308
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CAMBRIDGE, ROBERT A M.D.
Address: 255 NORTH LAKEMONT AVENUE, SUITE 212
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. CAMBRIDGE, M.D.

PRES

03/19/2004

Electronic Signature of Signing Officer or Director

Date